

## PLEASE READ CAREFULLY

### Department of Health and Human Services

#### Rental Assistance Program

1301 Piccard Drive  
Rockville, Maryland 20850-4320  
240-777-4400

#### WHAT IS THE RENTAL ASSISTANCE PROGRAM?

The Rental Assistance Program (RAP) is a Montgomery County funded program to help low-income households meet their rental expenses. Assistance is available to legal residents who are disabled, elderly or households of two or more.

#### HOW MUCH RENTAL ASSISTANCE CAN YOU RECEIVE?

- Between \$50 and \$200 per month.

#### WHO IS ELIGIBLE?

- If you are a legal resident \*of the United States, age 18 or over and occupy a rental unit in Montgomery County, you may be eligible for assistance if:
- Your monthly rent does not exceed program limits;
- Your monthly gross household income does not exceed program limits;
- You are disabled or at least 62 years old, or you are a household of two or more; and
- Your total household assets are less than \$10,000.
- If you are not a legal resident, you may be eligible if you receive TCA for your children.

Eligibility is based on a review of three factors:

1. The total number of people who live in your household;
2. The total gross income of all members of your household; and
3. The total rent your household pays.

***Renting from a Relative:*** If you rent from a relative who does not live with you, you are not eligible for this program. If the relative lives with you, all persons living at the application address are treated as one household to determine eligibility.

**We require verification of income, including tax return copies, on all members of the household.**

#### HOW LONG WILL IT TAKE TO PROCESS MY APPLICATION?

Processing time is generally four to six weeks if your application is complete and submitted with all of the appropriate documentation. It is important that you read the application carefully and submit all of the documentation requested. After we review your application, we will contact you by telephone or by letter if we have questions or need additional information. Benefits are approved subject to available funds. **A Waiting List will be established if benefit funds are not available at the time your Rental Assistance application is approved.**

#### HOW ARE BENEFITS ISSUED?

Benefits are approved for a maximum period of 12 months. Benefits may be renewed with the submission of a new application to determine continued eligibility. When your application is approved you will receive an approval letter from the Rental Assistance Office. A copy of this letter will also be sent to your Landlord.

Checks are mailed to your address at the end of each month for the next month's rent. The check is made payable to both you and your Landlord. You must endorse the check and give it to your Landlord each month along with your portion of the rent due. **The check CANNOT be used for anything other than rent. Cashing the check and using the money for any other purpose will result in the termination of benefits and is a violation of the law for which you can be prosecuted.**

**IF YOU HAVE QUESTIONS ABOUT YOUR ELIGIBILITY, OR NEED ASSISTANCE WITH  
COMPLETING THE APPLICATION, PLEASE CALL:**

## **SUPPORTING DOCUMENTATION TO BE SUBMITTED WITH YOUR APPLICATION**

Help us process your application quickly! The most common reason for delays in processing an application, or for denying an application, is the failure to submit supporting documentation.

Please call us if you have any questions about how to complete the application or what supporting documents you need to submit. If we have questions about the information you provided or need additional supporting documents, we will contact you by mail or telephone -- therefore, it is important that you provide us with a telephone number where you can be reached during the daytime.

### **YOU MUST SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION THAT APPLY TO YOU AND/OR ANY MEMBER OF YOUR HOUSEHOLD.**

- **Paycheck** stubs or a letter from employer, dated within the last 30 days, for at least one month's income.
- **Social Security** award letter for the current calendar year.  
*(If you need a copy, call the Social Security Administration at 1-800-772-1213.)*
- **Disability verification** from your Doctor indicating the nature and extent of your disability or Social Security Disability Insurance or Supplemental Security Income award letter.
- **Pension, Annuity, Retirement** - Current award letter or statement verifying monthly gross benefits.
- **Support statement** from others (i.e. relatives & friends) indicating the amount of financial support provided to you each month.
- **1040 Federal Income Tax Form**, with all attachments, **including W-2 and 1099 forms.**  
*(If you need a copy of your tax form, call the IRS at 1-800-829-1040 and ask for 1040 transcript.)*
- **Unemployment Compensation** letter indicating amount and time period for compensation.
- **Financial BANK statements** for all accounts indicating interest or dividends earned and the principal balances. This includes all checking, savings, trust fund agreements, stocks, bonds.
- **Child support** payment court award documentation or copies of checks for at least one month.
- **Child care** provider statement which verifies the name, address and telephone number of the provider, the amount paid, the frequency of care and the type of care provided (i.e., Before & After School, Infant, Pre-School, After School).
- **Medical Expenses** not reimbursed by insurance or other resources and for which you are making monthly payments.
- **College financial aid** statement.
- **If you do not show sufficient income** to cover your rent, utilities and other necessities, please provide a letter of explanation so we can understand how you are managing to pay your rent now.
- **Please call us** or provide an explanation if you receive income from an asset, but the asset is not yours or if you have an interest in an asset or real estate with someone from whom you are separated or that is part of an ongoing divorce settlement.

**Submit ALL Documents that Apply to You and/or Any Occupant Along with your Application to:**

**(Do Not Submit Your Originals. Please Send Copies)**

Montgomery County Department of Health and Human Services

**Rental Assistance Program**

1301 Piccard Drive, Rockville, Maryland 20850

**240-777-4400    240-777-4099 (FAX)**

# RENTAL ASSISTANCE PROGRAM APPLICATION INSTRUCTIONS

*Please print all information in ink, except where a signature is requested.*

## **Section 1**

- **Answer all of the questions and fill in the information required about YOU, the “Applicant.”**
- **Read the Declaration statement carefully.**
- **Sign on the Applicant Signature Line.**

In addition to other terms and conditions, by signing the application you are:

- declaring under penalties of perjury that the information you provide is true and accurate,
- authorizing Rental Assistance Program staff to release any information provided by you in this application to your Landlord (owner, resident manager, agent or primary lease holder of the rental unit), persons, public agencies and businesses as necessary to process your application and to verify the information you provided.
- accepting responsibility for reporting to the Rental Assistance Office if you move or have any changes in your application status such as; income increases or decreases or changes in the number of occupants living at your rental unit address.

## **Section 2 and Section 3**

**Provide all of the information requested for ALL occupants living at your rental unit address.**

We cannot process your application unless we have information about ALL occupants.

If some of the information requested does not apply, indicate N/A or “X” so we know that you have reviewed the question and determined it does not apply.

## **Section 4**

**Fill in your name and address, then give this Section to your Landlord to complete.**

Ask your Landlord to fill in all of the information, sign and return to you for submission with the rest of your application.

## **When you complete all of the Sections:**

### **✓ Attach all of the verification documentation required.**

Please call the Rental Assistance Office at **240-777-4400** if you have any questions about what to submit.

Review carefully the list of supporting documentation to be submitted with your application and make sure you have attached all documents that apply to you and any occupant. If we are delayed in receiving documentation, it will take us longer to process your application.

After we review your application, we will contact you by telephone or by letter if we have questions or need additional information.

### **✓ Mail the application and all information to:** **(We Cannot Accept Copied or Faxed Applications)**

Montgomery County Department of Health and Human Services  
**Rental Assistance Program**  
1301 Piccard Drive, Rockville, Maryland 20850  
**240-777-4400**

*For Office Use Only*

Date Received \_\_\_\_\_

New \_\_\_\_\_

Previous \_\_\_\_\_

Renewal \_\_\_\_\_ Month \_\_\_\_\_

# APPLICATION

Family # \_\_\_\_\_

Regular \_\_\_\_\_

TCA \_\_\_\_\_

Senior \_\_\_\_\_

Disabled \_\_\_\_\_

Caseworker \_\_\_\_\_

Montgomery County  
 Department of Health and Human Services  
**RENTAL ASSISTANCE PROGRAM**  
 1301 Piccard Drive  
 Rockville, Maryland 20850-4320  
 240-777-4400

## APPLICANT INFORMATION

*You must submit requested documentation listed on Page 2 with your application*

### Section 1

#### ARE YOU:

A. U S. Citizen

YES ☐ NO ☐

Legal Resident Status?

YES ☐ NO ☐

Disabled?

YES ☐ NO ☐

Are You or Any Occupant Currently  
 Receiving Temporary Cash  
 Assistance (TCA Benefits?)  
 Yes ☐ No ☐ If "Yes"  
 Case # \_\_\_\_\_

**Applicants LIVING ALONE must be either DISABLED or AGE 62 AND OVER to be eligible.**  
**Certification of receipt of Social Security Disability Insurance, Supplemental Security Income, or Doctor's statement indicating the nature and extent of the applicant's disability must be submitted as proof of disability.**

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Marital Status : Married Divorced Widowed Separated  
 (Circle One) Single

Last Name (Please Print)

First Name

M.I.

Street Address

Apt. No.

City/Town \_\_\_\_\_, Maryland

Zip Code

How Many People Live at This Address? \_\_\_\_\_

Daytime Telephone#(\_\_\_\_\_) \_\_\_\_\_  
 Area Code

Home Telephone#(\_\_\_\_\_) \_\_\_\_\_  
 Area Code

**SIGNATURE REQUIRED – 2<sup>ND</sup> PAGE**

## Section 1A

# DECLARATION STATEMENT

(Signature Required)

### DECLARATION:

- I declare under the penalties of law that, to the best of my knowledge and belief, this application (including any accompanying forms and statements) is true, correct and complete. I declare that I am a **bona fide resident of Montgomery County, Maryland** and that I am a LEGAL RESIDENT of the United States of America. I authorize persons, public agencies and businesses that possess information regarding my income, assets, debts or any other information relevant to the determination of my eligibility for rental assistance to provide such information to Montgomery County Department of Health and Human Services in order to verify the statements contained in this application. I authorize Montgomery County Department of Health and Human Services to release any information provided in this application to other persons, public agencies and businesses as necessary to verify the statements contained in this application. I understand that if I give false information, withhold material information, or fail to report any changes promptly, I will be violating the law and can be prosecuted, can have my rental assistance payments discontinued, can be liable for repayment to the County of any rental assistance grant(s) that may have already been improperly paid to me and can be excluded from receiving future Rental Assistance Program benefits.
- I understand that if this application for Rental Assistance is approved, it is my responsibility to:
- Reapply at the end of 12 months to determine if I am eligible to continue to receive assistance. (Benefits could lapse if a fully completed new application, with appropriate documentation, is not submitted a minimum of four weeks prior to my Renewal date.)
- Notify the Rental Assistance Office if I move from the address indicated on this application. Benefits are not transferable from one address to another and therefore are automatically discontinued when an applicant moves. A new application must be submitted for the new address.

X

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**PRINT NAME** \_\_\_\_\_

**Note:** If someone assisted you with preparing this application, please provide us with their name & phone number if you would like us to contact them with questions.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
FAX #

PROVIDE THE FOLLOWING INFORMATION FOR ALL OCCUPANTS

[illegible]

A., B., C., D., E., F. Provide all information about yourself on line "1" and then list and provide information about ALL occupants living at the rental unit address.

G.

- For each occupant who filed a Tax Form, submit a signed copy with this application, including all attachments and a copy of all W-2 forms and/or 1099 forms.
- For adult occupants who did not file a Tax Form, list their name below and state why they did not file. *(It is not necessary to list children/dependents.)*

H..l.

For each occupant, check whether or not they are employed and list the name of their employer(s). (Submit paycheck stubs or other documentation dated within the last 30 days, verifying one month's GROSS income. Please indicate on the documentation if you are paid monthly, weekly or biweekly.)

List the name(s) of the occupants above (age 18 or under) who have one or more of their parents absent from the home. List those children for whom day care expenses are paid.

For each child that you are entitled to receive support from a person **not** living with you, check whether or not you are currently receiving monthly support. If you are receiving support, indicate the monthly amount. *(For each child that support is received, submit court order or copies of checks verifying this amount.)* If you are not receiving support indicate why.

For each child, check whether or not you pay monthly Child Care Expenses.

- For each child that expenses are incurred, indicate the monthly amount. *(Submit a statement from your child care provider which verifies the amount you pay each month, the frequency of care and the type of care provided (i.e., Before and After School, Infant, Pre-School, After School)).*
- For each child that expenses are incurred, indicate if any of that amount is paid by the Working Parents Assistance Program (WPA) or other support program.

J. Name of Dependent Child	K. Name of Absent Parent	L. Support Yes√ No√	M. Monthly Amount	N. If No Support Received, State the Reason why	O. Day Care Expense Yes√ No√	P. Monthly Amount	Q. Is Any of This Expense Paid by WPA or other Support Program? Yes√ No√ If Yes, Amount
			\$			\$	

## ASSET AND INCOME INFORMATION

Complete for All Occupants As Listed by No. in Section 2

**\*Combined Assets of All Occupants must be less than \$10,000 to be eligible for Rental Assistance**

INCOME SOURCES (Monthly Gross)	Report all Income Taxable and Non-Taxable
--------------------------------	---

**TOTAL GROSS MONTHLY INCOME OF ALL OCCUPANTS** \$ \_\_\_\_\_

TOTAL MEDICAL/CHILD CARE EXPENSES		\$ _____
-----------------------------------	--	----------

## Section 4

# LANDLORD CERTIFICATION (TO BE COMPLETED BY YOUR LANDLORD ONLY)

Applicant (Tenant) Name \_\_\_\_\_ Rental Unit Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 \_\_\_\_\_, Maryland  
 City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

*The Section Below is to be completed and signed by the Landlord (Owner, Resident Manager, Agent or Primary Lease Holder of the Rental Unit)  
 The person named above is applying for a monthly benefit grant to help pay their monthly rental cost. This program is funded by Montgomery County and administered by the Montgomery County Department of Health and Human Services. Please provide the following information, including a telephone number, so that we can contact you with any questions and to verify the information. Thank you for your assistance. Please call us at 240-777-4400 if you would like additional information about the program or have any questions about the information requested.*

**List the Names of All Tenants on the Rental Unit Lease below:**

A. Apartment in Multi-Family Facility	C. Cooperative	E. Mobile Home/Pad or Both
B. Single Family Home/Townhouse License# _____ Required by Law	D. Condominium in Multi-Family Facility License# _____ (Required by Law)	F. Room in Single Family Home/Townhouse/Condominium
Name of Landlord (Owner, Rental Agent, Rental Facility Name) _____ Name of Apt. Complex _____ Name of Management Co _____ Landlord Street Address _____ City/Town _____ State _____ Zip Code _____		Daytime Telephone# (____) _____ FAX # (____) _____ If the tenant's application is approved, a check will be mailed to the <u>tenant's</u> address each month. The check will be <b>made payable to both the tenant and the Landlord</b> . The tenant will endorse the check and give it to the landlord along with the remainder of their monthly rent due. How should the landlord's name appear on the check? _____

Is the Landlord related to the tenant or any occupant of the rental unit? Yes \_\_\_\_ No \_\_\_\_

\*If "Yes," please **LIST** the relationship: \_\_\_\_\_

**\*(If the Landlord is related to the tenant or any other occupant, the Landlord must also live in the same rental unit in order for the applicant to be eligible for Rental Assistance. )**

Current Monthly Rent \$ \_\_\_\_\_  
 (Do not include food/services, garage, pet or other fees.)

Number of Bedrooms in the Unit \_\_\_\_\_  
 (If Efficiency, use the letter "E")

Are Utilities included in the RENT? Yes ☐ No ☐

Please check which of the below utilities the tenant is responsible for:

Number of People Living in the Unit \_\_\_\_\_

Lights/Electric ☐ Cooking Gas/Electric ☐ Heat ☐ Water ☐ Date Tenant Moved into the Rental Unit \_\_\_\_\_

Does ANY State or Federal Housing Assistance Program subsidize the rent or do you receive assistance with the rent from any other source? Yes ☐  
 If "Yes," what is the name of the program or source of assistance? \_\_\_\_\_ No ☐

How much rent is the tenant responsible for paying, after the subsidy/assistance? \$ \_\_\_\_\_

**Declaration:** I declare, under the penalties provided by law, that to the best of my knowledge, the information contained herein is true, accurate & complete.

Signature of Landlord \_\_\_\_\_ (Please Do Not Fax) Title (Owner, Resident Manager, Rental Agent, Primary Lease Holder) \_\_\_\_\_ Date \_\_\_\_\_

PRINT SIGNATURE NAME \_\_\_\_\_

Montgomery County Department of Health and Human Services  
**Rental Assistance Program**  
 1301 Piccard Drive, Rockville, Maryland 20850  
 240-777-4400

Apartment Complex Stamp